

<b>Case Number:</b>	CM15-0010152		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	06/05/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45 year old male, who sustained an industrial injury on 6/5/14. He has reported low back pain. The diagnoses have included lumbar disc disorder with myopathy, lumbar strain/sprain, and sacral sprain. Treatment to date has included diagnostics, medications and chiropractic. Currently, the injured worker complains of low back pain radiating into the right lower extremity, which is aggravated by walking over 15 minutes and bending. He states that he is taking over the counter medications which are not relieving the pain and he is not able to sleep at night. Lumbar Magnetic Resonance Imaging (MRI) was positive for L5 S1 fracture; there were no documented results for review. Physical exam revealed limited and painful range of motion to lumbosacral spine, positive milgram's test, positive Kemp's test, bilateral hypertonic dorsolumbar paraspinal musculature. The pain radiates into the right lower extremity. The physician requested nerve conduction studies and chiropractic sessions. On 12/12/14 Utilization Review non-certified a request for Electromyography/Nerve Conduction Velocity (EMG/NCV) Lower Extremities and Chiropractic Visits: 10-12 Visits Lumbar, noting the medical necessity for the testing cannot be established at this time and there was no significant objective functional benefit noted from prior session of chiropractic. The (MTUS) Medical Treatment Utilization Schedule and (ACOEM) Occupational Medicine Practice Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

### **Electromyography/Nerve Conduction Velocity (EMG/NCV) Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 300; 477.

**Decision rationale:** No, the request for EMG-NCV testing of the bilateral lower extremities is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that EMG testing is recommended to help clarify a diagnosis of nerve root compromise, in this case, however, no clear or compelling rationale accompanied the request. The December 1, 2014 progress note on which the article in question was sought was not incorporated into the Independent Medical Review packet. No rationale for the study in question was furnished. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that nerve conduction testing of the lower extremities is not recommended in the absence of some clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. In this case, again, there was no mention of the applicant's having issues with a tarsal tunnel syndrome, entrapment neuropathy, compressive neuropathy, generalized lower extremity neuropathy, diabetic neuropathy, etc. present here. Again, the December 1, 2014 progress note on which the article in question was sought was not incorporated into the Independent Medical Review packet. The information which was/is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

### **Chiropractic Visits: 10-12 Visits Lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page 59 of 127 Page(s): Manual therapy & manipulation.

**Decision rationale:** Similarly, the request for 10 to 12 additional sessions of chiropractic manipulative therapy was likewise not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, it does not appear that the applicant has returned to work. The historical progress notes of October 2014 did not clearly articulate the applicant's work status, functional status, and/or response to earlier chiropractic manipulative treatment. While it is acknowledged that the December 1, 2014 progress note on which the article in question was sought was not incorporated into the Independent Medical Review packet, the information which was on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.